

CHAPTER 52**PUBLIC HEALTH PRACTICE STANDARDS OF PERFORMANCE FOR LOCAL BOARDS OF HEALTH IN NEW JERSEY****Authority**

N.J.S.A. 26:1A-15 and 26:3A2-1 et seq.

Source and Effective Date

R.2003 d.51, effective February 18, 2003.
See: 34 N.J.R. 241(a), 35 N.J.R. 1083(a).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1c, Chapter 52, Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, expires on August 16, 2008. See: 40 N.J.R. 967(a).

Chapter Historical Note

Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey was adopted and became effective prior to September 1, 1969, as Chapter 51.

Chapter 51 was repealed and new rules were adopted as Chapter 52, Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, by R.1986 d.476, effective December 15, 1986 (operative January 1, 1987). See: 18 N.J.R. 1690(a), 18 N.J.R. 2448(a).

Pursuant to Executive Order No. 66(1978), Chapter 52, Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, was readopted as R.1992 d.24, effective December 11, 1991. See: 23 N.J.R. 2528(a), 24 N.J.R. 144(a).

Pursuant to Executive Order No. 66(1978), Chapter 52, Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey, was readopted as R.1997 d.6, effective December 10, 1996. See: 28 N.J.R. 4200(a), 29 N.J.R. 129(a).

Pursuant to Executive Order No. 66(1978), Chapter 52, Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey, expired on December 10, 2001.

Chapter 52, Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, was adopted as R.2003 d.51, effective February 18, 2003. See: Source and Effective Date.

Petition for Rulemaking. See: 40 N.J.R. 4245(a).

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SUBCHAPTER 1. GENERAL PROVISIONS

8:52-1.1 Purpose

(a) The purpose of this chapter is to:

1. Establish standards of performance for public health services that meet the legislative intent as set forth in the Local Health Services Act, N.J.S.A. 26:3A2-1 et seq. and Local Boards of Health, N.J.S.A. 26:3-1 et seq.;
2. Assure the provision of a modern and manageable array of public health services to all citizens of New Jersey;
3. Designate activities which are required by all local boards of health which shall build local public health capacity and encourage the development of an integrated systems approach for local public health;
4. Encourage cooperation among community partners to protect and improve the health of New Jersey residents;
5. Align local boards' of health and local health agency's performance standards with National Public Health Performance Standards and National Model Community Standards as described in "National Public Health Performance Standards Program Local Public Health System Performance Assessment Instrument";
6. Build a reliable and cost-effective public health system;
7. Protect and promote physical and mental health and prevent disease, injury, and disability, thereby assuring the health of the citizens of New Jersey; and
8. Support the goals of "Healthy New Jersey 2010: A Health Agenda for the First Decade of the New Millennium" to increase the quality and years of life of New Jersey residents and to eliminate health disparities.

8:52-1.2 Scope

Each local board of health shall establish and maintain the standards of performance as set forth in this chapter. No standard shall be construed to authorize a lesser standard than that prescribed by statute or rule or to empower or require a local health agency to act in matters solely under the jurisdiction of a State, county, or municipal government.

8:52-1.3 Compliance

(a) Each local board of health and local health agency shall be accountable for their adherence to standards of performance to the Public Health Council and to the Department pursuant to the provisions of N.J.S.A. 26:3A-2 et seq.

(b) Each local health agency shall make available to the Office of Local Health, within 10 business days of the request, source data and information used for evaluation and determining adherence to standards of performance as set forth at N.J.A.C. 8:52-1.4.

(c) If a local board of health is found to be deficient in meeting the standards of performance as set forth in this chapter, the local board of health shall be required to submit a corrective action plan within 30 calendar days to the Office of Local Health. Regardless of this corrective action plan, the Department may take action at the expense of the non-compliant municipality in accordance with the provisions set forth at N.J.S.A. 26:3A2-11 and 26:2F-13.

8:52-1.4 Performance monitoring and evaluation

A method for evaluation and determining adherence to standards of performance shall be developed by the Office of Local Health as set forth at N.J.A.C. 8:52-16. The information and data may be used by the Office of Local Health for compliance purposes, publication, and research.

8:52-1.5 Registration

(a) Each board of health shall register annually with the Office of Local Health.

(b) Registration information shall be made in a format determined by the Office of Local Health and shall include:

1. Identification of membership of the local board of health;
2. Experience, education and training relevant to public policy development;
3. The type of local governance;
4. The type of authority exercised (governing body, autonomous or advisory);

4. Provision of process, impact, and outcome evaluation of health education programs in order to measure achievement and success;

5. Management of health education programs, personnel, and budgets;

6. Development of in-service training programs for staff, volunteers, and other interested parties;

7. Recruitment and training of volunteers to build and support community coalitions and partnerships;

8. Identification of and facilitation among agencies and community resources to reduce duplication and enhance services;

9. Provision of client referral and assistance to health and social service resources;

10. Development of risk communication plans to manage community concern and convey appropriate and accurate information;

11. Advise and/or serve as a spokesperson and liaison to the media;

12. Provision of public health advocacy for policies and funding that support social justice principles and which will improve the health status of communities;

13. Provision of grant writing to support local health agency objectives, the Community Health Improvement Plan, and health education programs;

14. Development of audio, visual, and print materials which support program initiatives; and

15. Use of quantitative and qualitative research techniques to advance the quality of public health practice.

(d) Each local health agency shall plan and develop health education programs and interventions regarding the uninsured, underinsured, immigrant, indigent, and other vulnerable populations within its jurisdiction.

(e) Each local health agency shall inventory health promotion and health education services delivered by all agencies in their jurisdiction. This inventory shall compare the existing services with those outlined in the Community Health Improvement Plan in order to identify gaps, reduce duplication, and to identify opportunities for collaborative partnerships.

disease, injury, and disability. Public health nursing practice incorporates the core public health functions of assessment, assurance, and policy development within the art and science of professional nursing practice through a systematic process which promotes and protects the public health.

8:52-7.2 Public health nursing services

(a) Each local health agency shall provide comprehensive public health nursing services that provide integrated support to the daily operation of the local health agency.

(b) Each local health agency shall ensure that public health nursing practice provides the core public health functions and the delivery of the "10 essential public health services" as set forth at N.J.A.C. 8:52-3.2(a)1 through 10. These services shall be developed and overseen by a public health nurse and shall include, but not be limited to:

1. Assessing and identifying populations at risk;

2. Providing outreach and case finding using population-based services;

3. Using systematic, relevant data collection from public health nursing practice for community health assessment;

4. Using case information and epidemiological methods to link epidemiology and a clinical understanding of health and illness;

5. Developing and implementing health guidance, counseling, and educational plans using the established nursing process;

6. Providing health plans to assure health promotion efforts that include primary clinical prevention and early intervention strategies;

7. Using the nursing process and triage to determine priorities for interventions and services based on risk assessment and community needs especially for underserved populations;

8. Advocating policies and funding that create clinical programs and improve health status;

9. Establishing procedures and processes which ensure competent implementation of prevention measures and treatment schedules;

10. Providing clinical preventive services, including clinical screenings and preventive care;

11. Facilitating access to care through the use of nursing assessment, referral for risk reduction, prevention, restorative, and rehabilitative services, and the establishing clinical programs and services;

12. Participating in all components of communicable disease prevention and control, including clinical surveillance, case identification, and treatment;

SUBCHAPTER 7. PUBLIC HEALTH NURSING

8:52-7.1 Scope and purpose

This subchapter addresses the synthesis of nursing practice and public health practice for the purpose of protecting and promoting physical and mental health and preventing

13. Planning, developing, and initiating interdisciplinary nursing plans for care and case management;

14. Establishing and maintaining written procedures and protocols for clinical care; and

15. Identifying, defining, coordinating, and evaluating enhanced clinical services for complex populations and special risk groups.

(c) Each local health agency shall ensure planning and developing public health nursing programs and interventions related to the uninsured, underinsured, immigrant, indigent, and other vulnerable populations.

(d) Each local health agency shall ensure the coordination of public health nursing services which are delivered by all agencies in their county as described in the Community Health Improvement Plan so as to identify gaps, provide continuity of services, and reduce duplication.

SUBCHAPTER 7A. ENVIRONMENTAL HEALTH

Authority

N.J.S.A. 26:1A-15 and 26:3A2-1 et seq..

Source and Effective Date

R.2004 d.434, effective December 6, 2004.
See: 35 N.J.R. 4972(a), 36 N.J.R. 5347(a).

8:52-7A.1 Scope and purpose

This subchapter addresses the protection against and prevention of environmental factors that may adversely impact human health or the ecological balances essential to sustained human health and environmental quality, whether in the natural or man-made environment. Environmental health practice refers to those aspects of human health that are determined by physical, chemical, biological, social and psychosocial factors in the environment. It also refers to the theory and practice of assessing, correcting, controlling and preventing those factors in the environment that can potentially adversely affect the health of humans.

8:52-7A.2 Environmental health services

(a) Each local health agency shall provide a comprehensive environmental health program that is developed and overseen by a Registered Environmental Health Specialist.

(b) Each local health agency shall provide an environmental health program that is developed in accordance with the State Sanitary Code and other various codes and regulations as applicable. The local health agency, through the activities of a licensed Registered Environmental Health Specialist(s), shall assure compliance with said regulations.

(c) A Registered Environmental Health Specialist shall be responsible for the performance of all environmental health activities specified at N.J.A.C. 8:52-3.3(a)3.

(d) Each local health agency shall ensure that environmental health services provide the core public health functions and the delivery of the "10 essential health services" at N.J.A.C. 8:52-3.2(a)1 through 10. These services shall be developed and overseen by a licensed Registered Environmental Health Specialist and shall include, but not be limited to:

1. Assessing environmental health risks to and influences on humans and the environment;
2. Utilizing discrete data and epidemiological methods, as applicable, to determine the etiology of, and recommend corrective actions for, diseases spread through humans, animals and the environmental media of air, soil, water and food;
3. Providing professional and technical support to local, State and Federal agencies on matters within their expertise;
4. Developing and implementing a proactive environmental health program in an effort to preclude health threats to the public;
5. Reviewing plans for residential, commercial, and industrial development as necessary to ensure health and safety code compliance;
6. Collection of water, food and other specimens as needed for laboratory analysis, and interpretation of the results of same;
7. Planning and performing routine and emergency environmental health inspections and investigations to ensure operator or owner conformance with established regulations;
8. Maintaining, updating and analyzing environmental health records, inspection findings and other data to ensure proper documentation and continuity of environmental health protection;
9. Preparing reports and findings as witness to environmental health violations in court cases and hearings;
10. Advocating for local and State policy that protects the public's health and safety;
11. Reviewing new environmental health policy and implementing the requirements of new policies as necessary;
12. Educating and communicating environmental risks to the public, media, and other interested parties;
13. Assisting the public, local health agency personnel and other officials with recommendations and resources on various environmental health matters per code requirements and suitable abatement practices;